

# **Application for Employment**

### Blackline Transportation, Inc. 6925 South 6<sup>th</sup> Street Suite 200 Oak Creek, WI 53154

Equal Opportunity Employer

It is the policy of **Blackline Transportation, Inc.** to ensure that all personnel functions, such as recruiting, hiring, compensation, benefits, layoff, return from layoff, training, and promotions, will be administered without regard to race, color, creed, religion, sex, disability, national origin, or any other discrimination prohibited by federal or state law. It is the responsibility of anyone employed by Blackline Limousines to support this policy.

#### Instructions

Each question should be fully and accurately answered. Please print plainly and be sure to sign the application on the last page.

Date:	Social Security No.		Date of Birth:			
Name:						
Last	First		Middle			
Present Address:	Street				_	
	Street	City	State	Zip	_	
Previous Address					_	
	Street	City	State	Zip		
Home Phone:	Other Phone:					
Motor vehicle, per	sonal and commercial o	perator's licen	ses:			
State Issued	License Number	Expiration Date		Class.		

# **Experience in the Operation of Motor Vehicles**

Please give accurate and complete information. Start with present or most recent employer:

(1) Company Name	Telephone No
Address	Employed from/ to/
Name of Supervisor	Salary/Hourly Pay: Start Last
Type of equipment:( buses, trucks, truck tractors	s, limousines, full trailers)
Reason for leaving	
(2) Company Name	Telephone No.
Address	Employed from/to/
Name of Supervisor	Salary/Hourly Pay: Start Last
Type of equipment:( buses, trucks, truck tractors	s, limousines, full trailers)
Reason for leaving	
(3) Company Name	Telephone No
Address	Employed from/to/
Name of Supervisor	Salary/Hourly Pay: Start Last
Type of equipment:( buses, trucks, truck tractors	s, limousines, full trailers)
Reason for leaving	
Other Past Employment	
Company Name	Telephone No
	Employed from/ to/
Supervisor	Rate of Pay
Reason for Leaving	
Company Name	Telephone No
Address	Employed from/ to/
Supervisor	Rate of Pay
Reason for Leaving	
Company Name	Telephone No
Address	Employed from/ to/
Supervisor	Rate of Pay
Reason for Leaving	

## Form 101 - 10/10/2008

### Record of Accidents for the past three years:

	Accident Type		
Accident			
Date	N/P	Location	Description

N = non-PreventableP = Preventable

### Record of Violations for the past three years:

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 3 years.							
Conviction Date	Offense		Location		Type of Vehicle		
If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed in the past 3 years.							
Certification Date	Driver's Signature		Motor carrier	Motor carrier's name and address			
Any denial, revocation, or suspension of any license, permit or privilege to operate a motor vehicle: Yes or No. Details of facts and circumstances:							

#### **Other Needed Information**

Do you have a legal right to work in the United States? \_\_Y \_\_N

Date Available to Start: \_\_\_\_\_ Hours Available: \_\_\_\_\_ Geographic area preference: \_\_\_\_\_

Highest Education Level Completed:

List all convictions for other than minor traffic violations and any pending criminal charges.

(No applicant will be denied a position because of the conviction for an offense or because of a pending criminal charge that Blackline Limousines determines is not substantially related to the circumstances of the job(s) applied for.)

#### References

List three people (no relatives or former employers) whom we may contact for a reference.

Name

Address

**Telephone Number** 

#### Please read the following statements carefully before you sign your name.

I certify that the answers given by me to the above questions and statements are true and correct without misrepresentation or omissions. I authorize investigation of the statements I made. I understand that misrepresentation or omissions may be cause for rejection of my employment application or may be cause for dismissal if I am hired.

Signature Date

I release from any and all liability all representatives of Blackline Transportation, Inc. for their acts performed in connection with evaluating my application, credentials and gualification. I further authorize any party (including the companies, schools and organizations listed in this application form) to release any information they have about me to Blackline Transportation, Inc. I also release from any and all liability for damage all persons, companies, schools and organization (and all persons connected with them) who provide such information. I understand and agree that any misrepresentation, false statement, or omissions by me in this Application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without liability to Blackline Transportations, Inc. I have read, understand, and agree to the above statement. (Please initial).

I also understand that my employment at Blackline Transportation, Inc. is contingent upon the investigation of my work record and references and the execution by me of all required Blackline Transportation. Inc's, employment agreements, I consent to a pre-employment drug testing as may be required by Blackline Transportation, Inc. (Please Initial)

I also understand that no representative of Blackline Transportation, Inc. has the authority to enter into any agreement for employment for any specified period of time and that Blackline Transportation, Inc. is not guaranteeing employment for anyone. No employment contract is created by virtue of my being hired by Blackline Transportation, Inc. I have read, understand and agree to the above statement. (Please initial).

I understand that this application will remain on file for 60 days for consideration. After sixty days, if I am still interested in a position with Blackline Transportation, Inc. it will be necessary for me to complete a new application form.

Signature Date

Thank you for your interest in our Limousine Services.

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